



SPECIAL AGENT QUALIFICATION QUESTIONNAIRE
(Please Type or Print in Ink)

Today's Date: _____

Field Office Use Only

MC C LC

Div: Program:

Applicants for the FBI Special Agent position are required to complete this short questionnaire. The competitiveness of every applicant will be determined based on the needs of the FBI. All information will be verified through future testing and background investigation procedures.

I. PERSONAL DATA

Name in Full: _____

Last

First

Middle

Maiden

Soc. Sec. Number (Optional): _____ - _____ - _____ Birth Date (Mo/Day/Yr): _____ Current Age: _____

Current Address: _____

Street

Apt. No.

City

State

Zip Code

Country

Home Phone: _____ Work Phone: _____

Area Code

Number

Work Phone: _____

Area Code

Number

Your FBI Recruiter's Name: _____

What would be the earliest date you could report for FBI employment (Month/Day/Year)? _____

II. ACADEMIC QUALIFICATIONS

Degree: _____ Date (Mo/Yr): _____ Major Field Of Study: _____

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III. CERTIFICATIONS/SPECIAL SKILLS (check all that apply)

☐ Pilot's License: _____ Fixed Wing/Single Engine _____ Multi-Engine _____ Other: _____

(please attach a copy of your pilot's license with proof of ratings)

☐ Foreign Language(s) in which you speak, read, and understand with native **fluency** (e.g., language is spoken in your family, you have lived in the foreign country, or you have taught the foreign language).

Language(s): _____

☐ Have taken DPLT exam or FBI's Language Test for the foreign language(s). Date(s): _____

☐ Certified Public Accountant (CPA) Date obtained: _____

☐ Bar Certification State: _____ Date obtained: _____

☐ Professional Engineering Certificate Date obtained:

Please list any other professional certifications, licenses, or special skills (e.g., technical, computer) that you have:

IV. WORK EXPERIENCE

Please list below information regarding your **full-time** work experience. Please provide each position in only one of the appropriate areas: supervisory, law enforcement/federal government/military, or other work experience.

A. Direct Supervisory Experience

(only include supervisory experience in which you had direct hiring/firing authority, responsibility for conducting performance evaluations, program authority, or financial accountability/budget responsibility):

Supervisory Position	Number of Subordinates Supervised	Employer/Organization	From Month/Yr	To Month/Yr

B. Law Enforcement/Federal Government/Military Experience

Law Enforcement/Federal Government/Military Position (Title and Grade)	Organization	From Month/Yr	To Month/Yr

C. Are you eligible to receive **Veteran's Preference** due to Military Service in a war, campaign, or expedition for which a medal or badge has been awarded? Yes No (please attach a copy of you DD214 for verification)

D. Have you successfully completed the **FBI Honors Internship Program**? Yes No Dates? _____

E. Other Work Experience

Other Full-Time Position	Organization	From Month/Yr	To Month/Yr

F. Please list any **awards, medals, or other professional recognition** that you have received and the date (month/year) on which you received each:

G. Please list important **community service or volunteer work** you have participated in for at least one year during the last three years: